

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	/					
14	/	/				
15	/	/				
16	/	/				
17	/	/				
18		/				
19		/				
20		/				
21		/				
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33	/	/				
34	/	/				
35	/	/				
36	/	/				
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39	/	/				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	24					
TOTAL CLAIMS	27					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						